PTO/SB/82 (10-00)

Please type a plus sign (+) inside this box

| ı | Approved for use through 10/31/2002. OMB 0651-0035            |
|---|---|
| ı | U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE |

| Office the apertion recognition for the person | 13 arc required to respond to a concent | on or illicontration arisess it displays a valid Civib control trains |
|--|---|---|
|  |   |   |
|  |   |   |
|  |   | 10/540,216-Conf. #5245  |
|  | Application Number                      | 1 10/540 216-CONT #5245   |
|  | Application runner                      | 1 10/0 10,2 10 00/11. #02 10  |

## **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

| Application Number     | 10/540,216-Conf. #5245 |  |  |  |
|------------------------|------------------------|--|--|--|
| Filing Date            | January 4, 2006        |  |  |  |
| First Named Inventor   | Claude Choquet         |  |  |  |
| Art Unit               | 1631                   |  |  |  |
| Examiner Name          | C. L. Smith            |  |  |  |
| Attorney Docket Number | 21541/0210694-US0      |  |  |  |

| I hereby revoke all previous powers of attorney given in the above-identified application.   |                                |                       |           |       |         |         |              |      |              |
|--|--------------------------------|-----------------------|-----------|-------|---------|---------|--------------|------|--------------|
| A Power of Attorney is submitted herewith.  OR   |                                |                       |           |       |         |         |              |      |              |
| X I hereby appoint the practitioners associated with the Customer Number: 07278  |                                |                       |           |       |         |         |              |      |              |
| X Please change the correspondence address for the above-identified application to:  |                                |                       |           |       |         |         |              |      |              |
| X The address associated with Customer Number: 07278   |                                |                       |           |       |         |         |              |      |              |
|  | Firm or Individual Name        |                       |           |       |         |         |              |      |              |
| Address  |                                |                       |           |       |         |         |              |      |              |
| City   |                                | <del></del>           |           |       |         |         |              |      |              |
| Country  |                                |                       |           | State |         |         | Zip          |      |              |
| Telephone  |                                | •                     |           |       | Email   |         |              |      |              |
| I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |                                |                       |           |       |         |         |              |      |              |
|  | ,                              |                       | SIGNATURE | of A  | oplican | t or As | signee of Re | cord |              |
| Name   |                                |                       |           |       |         |         |              |      |              |
| Signature  | Signature Octo. K              |                       |           |       |         |         |              |      |              |
| Date   | Nov.                           | 14 <sup>th</sup> 2008 |           |       |         |         | Telephone    | :    | 514 932-7273 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                                |                       |           |       |         |         |              |      |              |
|  | *Total of forms are submitted. |                       |           |       |         |         |              |      |              |